

ADJUSTMENT (NIPS)

ILLINOIS DEPARTMENT OF PUBLIC AID

1. DOCUMENT CONTROL NUMBER

63

2. PROVIDER NAME

3. PROVIDER NUMBER

4. PAYEE

5. PROVIDER REFERENCE

ADDRESS

CITY

STATE

ZIP

ADJUSTMENT TO:

6. VOUCHER NUMBER

7. DOCUMENT CONTROL NO.

8. SERV. SECT.

9. DATE OF SERVICE

10. ITEM OR SERVICE

RECIPIENT OF SERVICE

11. RECIPIENT NAME (FIRST, MI, LAST)

12. RECIPIENT NUMBER

13. DATE OF BIRTH

ADJUSTMENT DESCRIPTION

ADJ.

14. TYPE

15. ITEM OR SERVICE

16. QUANTITY

17. CHARGES

18. TPL

19. TPL AMOUNT

FOR PROVIDER USE ONLY

20. REASON ADJUSTMENT REQUESTED

This is to certify that the information above is true, accurate, and complete.

Completion mandatory, Ill. Rev. Stat., Ch. 23 P. A., code. Failure to complete may result in the department taking unfavorable action. Form has been approved by the Forms Management Center.

21. PROVIDER SIGNATURE

22. DATE

FOR ILLINOIS DEPARTMENT OF PUBLIC AID USE ONLY

PROCESS

23. TYPE

CAT.

24. SERV.

25. CREDIT AMOUNT

27. CR%

28. BEGIN DATE

30. OLD RATE

32. ERROR CODE

26. DEBIT AMOUNT

29. THRU DATE

31. NEW RATE

33. REASON ADJUSTMENT MADE OR DENIED

34. EMPLOYEE

35. DATE